

WORKFORCE TRAINING AND EDUCATION
COORDINATING BOARD



TRANSCRIPT REQUEST FORM

Name(s) used while attending school: _____

Your Current Name: _____

Name of School Attended: _____

School Location (City): _____ Dates Attended: _____

Program / Major Area of Study: _____ Degree / Diploma Granted: **YES OR NO**

Your Mailing Address: _____

Telephone Number(s): () _____ E-mail Address: _____

Number of *Official Copies to be Mailed to You (In addition to your unofficial copy): _____

If you need an *Official transcript mailed elsewhere, please provide name and address:

*NOTE: "Official" means transcript copy will be sealed, for use to apply for entrance to another school, for your employer, etc. You will automatically be sent one (1) "unofficial" copy for your own personal records, which will be mailed to your address. Both official and unofficial transcript copies will include an informational cover letter regarding the school, closure date, accreditation, etc.

YOU MUST SIGN BELOW OR YOUR REQUEST CANNOT BE PROCESSED.

By signing below, I hereby certify that the records I am requesting are my own.

Signature

Date

MAIL OR FAX COMPLETED FORM TO:

WORKFORCE TRAINING BOARD
ATTN: PVS UNIT
PO BOX 43105
OLYMPIA WA 98504-3105

FAX: 360-586-5862

Transcript requests cannot be accepted via telephone or email.

Although we make every effort to retrieve student records of closed schools, some records were never sent to this agency, and some are incomplete. You will be provided with copies of what we have on file for you. **Your request will be processed within 10 business days (this excludes weekends and holidays) from our receipt.** Please allow time for mailing beyond this processing period.

Please do not contact our office to check on the status of your request during this time period.